

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : 09/629,234 Examiner : H0 GAU : 2194

From : PAP Location : IDC FMF FDC Date : 9/7/05

Tracking #: Epm 09/629,234 Week Date: 6/27/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> VCLM	<u>11/28/2005</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claims 14 and 26 contain unacceptable multiple dependent claim wording. Please advise.

Thank you.

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04